

215040708
62807

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 63	Agency Case No. B5-092763	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1								
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 10/05/2015		TIME OF ACCIDENT 1600	STATE USE ONLY									
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1603	10/05/2015									
B	62	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. N St / S 30th St to S 31st St			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE								
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE								
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION										
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING								
		229.00			X	S 30th St								
V1/M	02	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN												
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN								
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO								
VEHICLE NO. 1														
F	1	DRIVER LICENSE NO.	G02157997	STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE								
V1/N	1	DRIVER	ERIN M KITT	PHONE	402-580-4790	LOCAL NO.								
V2/N	1	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	01/08/1965	V1/1 18								
G	2	OWNER	USPS	PHONE	402-580-4790	V1/2								
		OWNER ADDRESS	CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	V1/3								
		700 R ST, LINCOLN, NE 68508		<input type="radio"/> PENDING <input type="radio"/> NO	LB486312									
H	5	LICENSE PLATE NO.		YEAR (Plate Expires)		STATE (Of Plate)								
V1/O	1	VEHICLE	1993	MAKE	Grumman	MODEL	LLV-A	BODY STYLE	Other	COLOR	white	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 100	V1/4
V2/O	2	VEHICLE ID NO. (VIN)	1GBCS10A9P2910870	INSURANCE COMPANY	SELF INSURED					V1/5 18				
		TOWED TO		TOWED BY		POLICY NO.		V1/6 25						
VEHICLE NO. 2														
I	1	DRIVER LICENSE NO.	H13588989	STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE								
V1/P	1	DRIVER	LANEY M BROOKS	PHONE	402-730-0775	LOCAL NO.								
V2/P	1	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	02/14/1997	V2/1 18								
J	01	OWNER	CLINT A BROOKS / SHANNON BROOKS	PHONE	402-489-2360	V2/2								
		OWNER ADDRESS	CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.	V2/3								
		1324 S 49TH ST, LINCOLN, NE 68510		<input type="radio"/> PENDING <input checked="" type="radio"/> NO										
V1/Q	4	LICENSE PLATE PA NO.	SEW748	YEAR (Plate Expires)	2016	STATE (Of Plate)	NE	V2/4						
V2/Q	4	VEHICLE	2003	MAKE	GMC	MODEL	ENVOY	BODY STYLE	Medium/large	COLOR	gray	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 1000	V2/5 18
K	01	VEHICLE ID NO. (VIN)	1GKET16SX36167452	INSURANCE COMPANY	STATE FARM					V2/6 25				
		TOWED TO		TOWED BY		POLICY NO.	210 5870-B28-27R							
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)							DATE OF BIRTH (MM / DD / YYYY)	1	2	3	4	5	SEX	
VEH. # NAME ADDRESS								Seat Position	Eject	Body Region	Injury Sev.	Trans.	M F	
LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME							EMS RUN REPORT NO.							
VEH. # NAME ADDRESS														
LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME							EMS RUN REPORT NO.							
VEH. # NAME ADDRESS														
LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME							EMS RUN REPORT NO.							

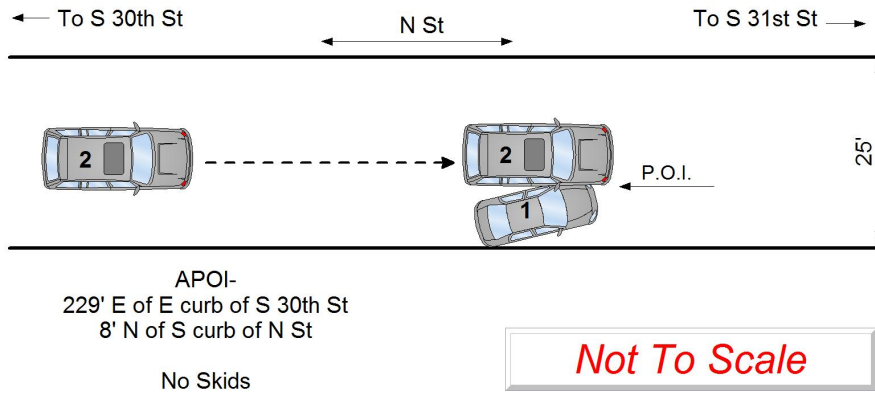
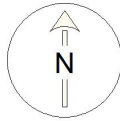
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-092763



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver #2 stated she was traveling EB on N St between S 30th St and S 31st St at approximately 20mph. Driver #2 stated Veh #1 pulled away from the south curb and collided with her vehicle. Driver #1 said she was stopped along the south curb on N St between S 30th St and S 31st St. Driver #1 said she looked at her mirrors and did not see any traffic prohibiting her from pulling out onto the right of way. Driver #1 stated she began to pull out and collided with Veh #2.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <small>(Enter numbers for each vehicle)</small>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS														
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME																					
1			X		N ST				5		2		<table border="1" style="width:100%;"> <tr> <th>ALCOHOL TESTING</th> <th>Driver No. 1</th> <th>Driver No. 2</th> <th>Pedestrian</th> </tr> <tr> <td>Y</td> <td></td> <td>Y</td> <td>Y</td> </tr> <tr> <td>N</td> <td>X</td> <td>N</td> <td>X</td> </tr> </table>		ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian	Y		Y	Y	N	X	N	X
ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian																							
Y		Y	Y																							
N	X	N	X																							
2			X		N ST				4		2		<table border="1" style="width:100%;"> <tr> <th>ALCOHOL LEVEL TESTED</th> <th>Driver No. 1</th> <th>Driver No. 2</th> </tr> <tr> <td>N</td> <td>X</td> <td>N</td> </tr> </table>		ALCOHOL LEVEL TESTED	Driver No. 1	Driver No. 2	N	X	N						
ALCOHOL LEVEL TESTED	Driver No. 1	Driver No. 2																								
N	X	N																								
1	08	06 Turning left			POINT OF IMPACT		08	POINT OF IMPACT		02		BAC LEVEL		<table border="1" style="width:100%;"> <tr> <th>ALCOHOL/ DRUGS SUSPECTED</th> <th>Driver No. 1</th> <th>Driver No. 2</th> </tr> <tr> <td>1</td> <td>1</td> <td>1</td> </tr> </table>		ALCOHOL/ DRUGS SUSPECTED	Driver No. 1	Driver No. 2	1	1	1					
ALCOHOL/ DRUGS SUSPECTED	Driver No. 1	Driver No. 2																								
1	1	1																								
2	01	08 Entering traffic lane			MOST DAMAGED AREA		08	MOST DAMAGED AREA		02		<div style="font-size: small;"> 1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown </div>														
<div style="font-size: x-small;"> 01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right 06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown </div>				<div style="font-size: x-small;"> 00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other </div>				<div style="font-size: x-small;"> 01 02 03 04 08 07 06 </div>		<div style="font-size: x-small;"> 1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown </div>		<div style="font-size: x-small;"> 1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown </div>														

OFFICER NO. 1536	TROOP/ TEAM/ BEAT 8	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Shane Winterbauer		INVESTIGATOR SIGNATURE Approved by Officer Shane Winterbauer	DATE OF REPORT 10/05/2015